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** CONTINUING DATA ****

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** FOREIGN APPLICATIONS ****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	UNITED KINGDOM	0	20	2

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TITLE

Absorbent multilayer hydrogel wound dressings

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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